



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-2440 (Telephone) * (866) 888-7130 (Fax)
www.sos.state.ga.us/plb/counselors

PROFESSIONAL COUNSELOR
REQUEST FOR RE-EXAMINATION

INSTRUCTIONS **NO FAXED FORMS ACCEPTED.**

- Please print or type.
- Complete this form and submit for Board approval. DO NOT SEND EXAM FEE. The examination fee \$185 will be paid directly to NBCC upon approval by the Board to take exam.
- Exam candidates will contact NBCC to schedule exam date.
- Return this form to the address above.

NAME: _____
First Middle Last Maiden

ADDRESS: _____
Street City State Zip Code

☐ Yes ☐ No Have you previously applied to take an examination?

☐ Yes ☐ No Have you changed your **name** since your last application for examination was filed?

If "Yes," please attach a copy of your marriage certificate, divorce decree, court order, etc., so that your record can be corrected.

☐ Yes ☐ No Have you changed your **address** since your last application for examination?

HOME PHONE: ()

OTHER PHONE: ()

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER:

*This information is authorized to be obtained & disclosed to State & Federal agencies pursuant to O.C.G.A. §19-11-1 & O.C.G.A. §20-3-295, 42 U.S.C.A. §551 & 20 U.S.C.A. § 101.

_____ I am a U.S. citizen.

_____ I am not a U.S. citizen, but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

I WISH TO TAKE THE: PROFESSIONAL COUNSELOR EXAMINATION [NBCC EXAMINATION]

on: _____

LAST EXAMINATION DATE: _____

_____ Date

_____ Signature of Applicant